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ABSTRACT

This paper illustrates several collaborative program evaluation models and designs used in Newark, New Jersey, public schools since a state takeover in 1995. As part of its comprehensive design for school reform, the school district developed collaborations with community partners to provide direct services to schools. Each evaluation combined varied data and mixed methods across the research process. Using qualitative and quantitative methods allows for multiple lenses and contributes to meaningful tracking of program implementation, exploration of program models, and validations of important program outcomes. The research process in all studies involved multistage designs with formative and summative components, varied partnership participation and perspectives, and flexibility in planning. The programs evaluated are: (1) Principals' Leadership Institute, a professional development program for teachers; (2) Project Grad-Newark, a program focusing on academic success through whole school improvement; (3) New Beginnings Kindergarten Program, an effort to restructure kindergartens; (4) School Based Health Care Clinics; and (5) 21st Century Community Learning Centers, extended-day academic and enrichment programs. These evaluations show how exploratory and confirmatory investigations using multiple techniques can strengthen design, analysis, and inference, as well as improve conceptual clarity, flexibility, comprehensiveness, scientific rigor, and efficiency. One appendix contains diagrams of collaboration models, and the other contains examples of program evaluation products. (Contains 15 references.) (SLD)

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Multiple Voices and Mixed Methodologies to Support Comprehensive School Reform

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Multiple Voices and Mixed Methodologies to Support Comprehensive School Reform

Introduction:

This paper will illustrate several collaborative program evaluation models and designs, which have been conducted in Newark Public Schools since a State takeover of its 82 schools in 1995. As part of its comprehensive plan for school reform, the district, which is the largest in the State, prioritized the development of collaborations with community partners to provide a variety of direct services to schools. With the changing nature of educational reform more comprehensive in scope, and represented by broader-based community participation and partnerships, evaluation paradigms have also changed and begun to look very different. With external partnership funding currently over 10 million dollars annually and decentralized participatory management structures taking place at the local school level, community/school collaborations have an increasingly significant impact on the district's education planning, on program decision making and on the nature of evaluation paradigms.

The practical realities, which large urban public schools are driven by, are often different from the research, academic, theoretic, and service goals of universities, healthcare institutions, corporate entities, and non-profit community based organizations. Evaluation outcomes and the effectiveness of school based initiatives which represent collaborative partnerships can serve many purposes.

School districts are most likely to undertake the evaluation of educational initiatives to i) determine efficacy of reform, ii) inform program planning and staff development, and to iii) advocate for the financial sustainability of grant funded initiatives. Foundations, corporate sponsors, and community-based organizations may use formative evaluation data as indicators of their public service, their investments and validation for their funding focus. However, the collaborative nature of modern school reform has brought together stakeholders with varied perspectives and interests, thereby challenging the need to find common ground that will better inform program planning, stakeholder interests, and evaluation paradigms. Structural differences of stakeholders no longer provide excuses for declaring effective collaborations to be insurmountable. In fact, partnerships through the reform agendas are contributing to promising and innovative practice models with new vision and broader expertise. A chart, which illustrates the Newark Collaboration Model, is included in Appendix A.

Each evaluation, which is discussed in the paper, combined varied data and mixed methods across the research process. Although the research community continues to be influenced by "vestiges of the paradigm wars, this paper supports that qualitative and quantitative research methods free researchers to use a variety of data and methods which provide multiple lenses and contribute both to meaningful tracking of program implementation, exploration of program models, and validations of important

program outcomes (Tashakkori and Teddlie, 1998). Such techniques not only serve to better inform the contexts within which educational change occurs, allow for the analysis of data related to program outcomes, provide structures and timelines to examine long term impact, but also help to cross validate and identify issues about the rigor of the methodology and the reliability of findings. This paradigmatic approach evolves from the complex nature of the studies discussed in the paper, rather than from being imposed a-priori by the researcher. A chart which illustrates the Multiple Method Paradigm is included in Appendix A.

Mixed method evaluation, in combining the use of quantitative and qualitative techniques, allows the researcher to more effectively evaluate educational programs that are characterized by complexity. This approach ultimately increases the validity and reliability of evaluation data as the evaluator is able to capitalize on the strength of each technique, while at the same time, minimizing the weaknesses that are frequently associated with reliance on a single method (Frechtling, 1997). The combination of multiple methods within a given design also affords the evaluator the opportunity to revisit the design based on information yielded from the use of more than one method. Thus, the evaluator may, on the basis of focus group data gathered during the earlier stages of the evaluation, modify or expand upon the initial design.

The use of mixed method evaluation within the context of collaborative arrangements involving evaluator and stakeholders, tend to foster more inclusive buy-in, and improve access to multiple data sources that inform program as well as student outcomes. The combination of both benefits, often result in more cost effective evaluation designs. This paper presents the designs associated with several evaluation projects which illustrate the strength of incorporating multiple voices and mixed methodologies within program evaluations.

Data Sources, Process and Issues:

The research process in all studies involved 1) multi-stage designs with both formative and summative components, 2) varied partnership participation and perspectives across the research stages, and 3) flexibility in planning, such as changing timelines and evolving evaluation designs. These requirements help to combine the "high stakes" nature of measuring student achievement outcomes with the meaningful contributions of formative inquiry. They also facilitate the examination of process as well as analyses of multilevel data. Evaluations of educational reform initiatives are currently challenged to examine whether programs improve educational outcomes at various levels, i.e. the student, the classroom, the school, and across multiple sites. In light of these issues, the practical research endeavors must accommodate strategies related to availability and access of appropriate data, remain faithful to principles of scientific rigor to report accurately and reliably program outcomes, as well as capture the dimensions of change, and the varied contexts within which that educational change is occurring. They must also allow us to elaborate upon the role of partnership in building capacity to support the District's whole school reform process.

Principals' Leadership Institute :-

The Newark Public School District research team led the evaluation to determine long-term impact of a professional development program for school leaders involving the collaboration of 8 universities and funded by 3 foundations (Walker, Mitchel, and Turner, 1999). The evaluation design included the application of a mixed method approach in which extensive qualitative data was gathered on the pedagogical structure of the institute, the varied theoretical assumptions inherent in the training and the nature of the professional development activities. Satisfaction with the professional development experience was measured through survey techniques based on a panel design. Ridit analysis was used to compare the data obtained from the three sets of surveys administered to principals and vice-principals. This design allowed for the measurement of programmatic changes on the same sets of attitudes at different times. These findings are presented in Appendix B.

The evaluation of this project necessitated a close working relationship between the evaluator, the director of the professional development institute and university partners. The working relationship between all three was instrumental for framing the salient issues that needed to be addressed in the evaluation. The thoughtfulness and candidness of survey data from University partners' and principals provided empirically based evidence with which to examine the alignment of varied professional development models with principal expectations and needs based on their daily experience of reform exigencies. - i.e. raising critical issues about the degree of congruence or lack thereof, between the practical experiences of principals and the efficacy of various models grounded in very different theoretical premises.

The different theoretical postures adopted by each of the eight universities created some challenges for the evaluation. First, charting administrators' reaction to the professional development program was confounded by the fact that their experiences were dissimilar both in terms of "content' and pedagogical delivery. Second, even within the same school, because of the random assignment to university cohorts, any given school's administrative team could have been exposed to three or four widely varying experiences. In order to work around these difficulties, the evaluation first called for intensive interviews with each of the eight universities. From the interviews we were able to construct profiles of each university staff development model along the following dimensions: (i) its underlying theoretical premises regarding leadership; (ii) the kinds of professional development activities derived from these premises; (iii) the universities' self-definition of their roles in the program; and (iv) their expectations for participants.

School-based administrators on the other hand, were asked to rate their experiences within their cohorts from several different perspectives. They were also asked through a series of open-ended questions to provide evaluative comments on the program. The administrators' comments were subsequently linked with their respective

university responses. Conjoining the administrators' responses with the qualitative data gleaned from the interviews conducted with the universities enabled us to more clearly delineate the differential impact of each university's model on participants' rating of the effectiveness of the endeavor.

Project Grad-Newark -

The Ford Foundation and Lucent Technologies fund this program to the tune of 10 million dollars. Project Grad focuses on a feeder school cluster of schools to provide a critical mass of academic supports from pre-k through 12th grade with the long term goal that every student succeed academically, graduate high school and pursue higher education. The program was first established in Houston Texas and both foundations view it as a critical funding component of their overall commitment to urban school reform. There is an interest, if proven successful, to replicate the model on a national level. The foundations have hired a private consulting firm to track the impact of the program. However, the evaluation planning, which is comprehensive in nature has included the consulting firm, the project administrator and the district research team. Partnership buy-in facilitated support for the multi-faceted and cohort tracking nature of the project.

Partnership also enabled a division of labor and responsibilities for accessing primary and secondary sources of data, again using multiple method design and strategies. Major components of the program focus on improving student achievement , school and classroom environments, discipline, providing additional student supports such as tutoring, and a college scholarship goal incentive program. The underlying assumption of the model is whole school improvement. Evaluation planning and prospectus include the collection of multi years of project Grad school trends on both student and school level measures such as test scores, attendance, graduation rates, and school climate. Both individual level and aggregate school-level data will be collected as available on student and school outcomes on achievement measures such as state assessment tests at benchmark grades 4, 8, and 11 and other district standardized tests.

Finding creative alternatives for research designs is key in light of practical realities and limitations, such as the absence currently of a sophisticated and costly central data management system that would make possible the ongoing and systemic longitudinal tracking of student data. Analysis of data for the Newark Project Grad will include comparisons of multi-year trends over a 4-year period for both project Grad and comparison schools. The years 1997-1998 and 1998-1999 have provided baseline data with timelines for annual updates on the stages of program development, outcomes including longer range impact for high school graduates into the years 2002 and 2003, and identify issues of program congruence, contributions and incorporation into systemic changes taking place at the school and district levels.

New Beginnings Kindergarten Program -

New Beginnings has been part of an ongoing multi-year early childhood initiative to effect reform in the areas of curriculum, professional development, classroom management and student assessment. In 1996-1997, the first year of the New Beginnings initiative, the collaboration between Newark Public Schools and Bank Street College established 16 model kindergarten classes at 16 different schools. During the following 2 years, the model expanded to include over 100 pre-kindergarten to first and second grade classrooms. As the program expanded, a number of students in the original kindergarten cohort continued to receive New Beginnings support in grade 1 and/or grade 2. The multi-year effort to restructure early childhood classes using the New Beginnings model continues to provide a network of resources and supports to the Newark early childhood program as the larger district restructuring and whole school reform process proceeds. Of three initiatives designed to improve kindergarten programs in the NPS, New Beginnings has been the most comprehensive. The other two are more limited in scope, and training.

Evaluation Planning included Bank Street College Administration and research consultants, the Newark Public Schools Office of Early Childhood Education and the Office of Planning, Evaluation and Testing. Evaluation planning over three years reflects a multi-year collaborative effort between Bank Street College of Education and the Newark Pubic Schools to restructure Kindergarten and, in years two and three to expand the program to other early childhood classrooms, and with broader inclusion of administrators, parents, and teacher aides.

An evaluation of the first year (Kopacsi and Hochwald, 1997) was designed to examine the impact of kindergarten restructuring on 16 classes in 16 elementary schools on curriculum, professional development and student outcomes. Evaluation strategies included focus groups with Bank Street College trainers/facilitators, survey responses of program and non-program teachers, observations of training workshops at Bank Street College, and ethnographic observations of the kindergarten programs by an outside consultant. Quantitative methodologies included the analysis of student outcomes on the district kindergarten test and a comparison of student outcomes with a control cohort of students in non-New Beginnings classes. Findings based on qualitative methods documented the effectiveness for transforming teacher-directed classrooms into child-centered ones; for revitalizing teachers through staff development; and observed growth in students' social and problem-solving skills. Findings based on quantitative methods, and the comparison of achievement outcomes for program and control cohorts, showed significant improvement in student outcomes at the end of the first year on the district test.

A second year evaluation prepared by Bank Street College evaluators Fran Schwartz and Jonathan Silin focused on the expansion of the program to 20 schools to include pre-K to second grade initiatives to strengthen and reinforce developmentally

appropriate curriculum before and beyond kindergarten (Schwartz and Silin, 1999) The second year qualitative strategies were designed to capture how the expanded instructional, staff development, and program focus were changing the contexts of instruction, changing teacher thinking, changing classroom life for students, and understanding the process of change. These researchers' observations supported the earlier findings showing increases in small group instruction, activity-based learning centers, student initiated learning and self reliance. Changes in staff development added to first year's findings by identifying teacher's needs to learn about the culture of the schools and community and experiences of their students. Stages of change were identified with shifts from changing language and physical classroom environments , to the beginnings of recognition of changes in their own behaviors.

The third year evaluation also prepared by Bank Street College evaluators (Schwartz, Silin and Miserendino, 2000) again used multiple qualitative strategies, including in-depth open-ended and structured observation protocols, focus groups with early cohort teachers, interviews and surveys that focused on the continuation of developments related to staff development, classroom learning, and teacher and student interactions as the program moved to include grades pre-K, K, 1 and 2. These studies not only provide rich historical perspectives on program implementation and impact, but also capture dimensions of change. The findings emphasize the solidification of previous gains, noting increased student self reliance and student initiated learning, a heightened sense of shared purpose in the work of classroom teachers and staff developers, improvement in a shared agenda between New Beginnings project and NPS noting the project's increased responsiveness to the District's new literacy initiatives that are aligned with the New Jersey Core Curriculum Content Standards. New Beginnings, in its third year, found a shared agenda in collaboration with the district to explore the State Supreme Court whole school reform models as they relate to early childhood , and shared work and vision with the district's commitment to improving literacy teaching. Fewer of the earlier concerns, earlier tensions and dissonance about serving 2 masters, the district and the New Beginnings instructional priorities, appeared to preoccupy teachers.

Quantitative strategies involving the analysis of student outcome data contributed to another component of the third year project evaluation. The Newark Public Schools research team conducted a limited follow-up on the progress of students from the first year kindergarten cohort using 2 indices to assess student outcomes. These included the follow-up and tracking of student outcomes on the district norm referenced test given at 2nd grade, and on attendance data. The Newark Public Schools research team matched the first year kindergarten enrollment data base of 16 classes at 16 schools from 1997 with the second grade district test score database in 1999 to compare student achievement outcomes on the Stanford 9 norm reference test for both the New Beginnings kindergarten cohort and the comparison cohort. The effects of one, two and three year supports were examined using analysis of variance and post hoc statistics. Attached in Appendix B are tables with findings from these analyses. Findings show that students in the first kindergarten cohort, who received all 3 years of New Beginnings classroom interventions, attained scores that were significantly higher

in reading, math and sub-test skills as compared with students who received less intensive and/or interrupted or no program intervention at all. All other comparisons of less intensive New Beginnings interventions were not statistically significant.

Attendance was examined based on comparisons of New Beginnings with control group classroom level data. Findings from these analyses were more meaningful to examine with the data disaggregated by school and classroom. New Beginnings classes at 5 of 12 schools included in the analysis of attendance data showed higher attendance rates than control classes using an index of paired comparisons. At 2 schools, both 1st and 2nd grade attendance comparisons for the same K cohort students were favorable for the New Beginnings classes. These schools were the only K-2 and K-4 grade level schools. Additional exploration to interpret this data will be part of the continuing work between Bank Street College and the Newark Public Schools.

Continuing collaborative work will be focussed on understanding the findings from multiple perspectives, and will include elaboration of the changes which have occurred, the identification of areas of convergence and divergence of evidence, and a refocusing of resources to continue progress toward institutionalizing the changes necessary for successful Newark Public School reform in early childhood education.

School Based Health Care Clinics –

Given the high risk nature of health status of children in the Newark Public Schools, the SBHC model currently implemented at 3 elementary schools represents innovative partnerships among the Newark Public Schools, the Healthcare Foundation of New Jersey, the Saint Barnabas Health Care System, Children's Hospital of NJ at Newark Beth Israel, and the Prudential Foundation. The model is designed to respond to every day problems that include early diagnosis, treatment and follow-up for an array of healthcare services.. The increasing number of research studies document that such nationwide efforts are servicing large numbers of students, are providing accessibility and a wide array of services,, and are demonstrating positive outcomes. The research literature is clear about the correlation between various social problems like poverty, and family problems such as violence and substance abuse, on the ability of children to master age appropriate developmental tasks, to achieve academically and socially, and to function as productive members of their communities (Morris, 1991)

The Newark school based health services model provides a wide array of daily physical health services, screenings, education, dental health, and mental health services to address a serious gap in services accessible to Newark families. The health clinics are staffed by healthcare professionals under the supervision of a pediatrician from the Children's Hospital of New Jersey at the Newark Beth Israel Medical Center. In the first year of implementation there were over 2,000 visits with an average of 80% parental consent, which is above the national average. The collaborative evaluation planning has included the various healthcare institution partners, and various departments of the NPS - i.e. Office of Planning, Evaluation and

Testing, Office of Community Affairs, Office of Student Information, Office of Student Health, and school administrators. Project goals are to ensure that our children are able to learn at their maximum potential; that they be healthy learners; and that their medical, educational and social needs be met.

The evaluation design used multiple strategies and data from varied sources including quantitative and qualitative clinic utilization data entered on the site-based data management system HealthCare on Line at the 3 clinic sites. The design used comparison group and trend analysis to compare outcomes for students who do and do not receive services, and tracks the changes over time on indicators such as health behaviors, attendance and student achievement. Partnership and sharing of resources included 1) an ongoing evaluation planning committee composed of partnership representatives, 2) a capability to track student level outcomes on health indicators, 3) capability to export data with common student identifiers to enable health system data to be merged with student outcome data, and 4) cost effective evaluation implementation. The first year annual report was a compilation of data reflecting program implementation, and survey and focus group responses related to clinic use. Compilation and dissemination of a brief first year report was a shared responsibility of collaboration partners. Refer to Appendix B for charts that show range of services and nature of health problems identified at the three clinics during first start-up year of the clinics, Sept. '98-May '99.

During the first year of the project, the evaluation design developed by the committee focussed on the range and quality of services and on implementation of activities based largely on the health care management system data. The second year's focus will identify changes occurring: 1) at the student level, in school attendance, tardiness, self esteem, attitudes toward school, and in discipline and behavior problems, 2) at the school level on indicators such as school climate and parent involvement; an external evaluator will provide resources for this evaluation; 3) at the community level, on need to address the long range health care issues for children and families, ...i.e., has there been a reduction in use of emergency room and use of charity care by families? The health care partners have also agreed to fund a survey of families with children attending Newark Public schools to identify current access and utilization of school based health services in those clinics. Barriers and gaps in community health care services for families with children will be identified based on a comparison of survey findings from a sample of families using school based services with a control group sample. Findings will have broader implications for future policy making about access and funding for essential health care services to children and low-income families living in Newark.

21st Century Community Learning Centers

Newark Public Schools were among 99 sites nationally to receive the first wave of a federally funded grant to deliver extended-day academic and enrichment programs to students at risk of academic failure. The program targets students in grades 6-8 at 9 district schools to assist them to be healthy, confident, self-directed and responsible,

and prepared to successfully negotiate the demands and challenges of high school. The NPS goals were adapted from those outlined in the federal legislation to open schools beyond school hours through partnerships between school and community based organizations. to provide services particularly to middle school youth in a safe, healthy and drug-free environment, to improve behavior, school attendance, and academic achievement to better prepare them academically and socially to succeed in school.

The core activities in the Newark grant, now in the second of its three year funded cycle are 1) Expanded Learning with an emphasis on New Jersey's Core Curriculum Content Standards and preparation to achieve proficiency of the N.J. State Assessment at 8th grade; 2) Health Education with emphasis on health, nutrition, conflict resolution, self discipline and personal responsibility; and 3) Parental Involvement, with emphasis on parent education to their adolescent children in academic, social and emotional areas. In addition, each center schedules activities that also reflect community needs and interest of parents who attend.

Each of 9 project sites was paired with a community-based agency or with the NPS After-School Youth Development Program. Evaluation Planning included collaboration with the Department of Education to define and refine requirements for National Annual Reporting which include quantitative and qualitative indicators of program and student level outcomes for 99 sites nationally. Partnerships for the Newark project included several community based organizations, a project director, school and district level administrators and staff, and the the District Office of Planning, Evaluation and Testing. District collaboration with one of the community - based organizations helped provide technical assistance in developing a site-based data management data base for the 9 schools in the project to use for tracking program implementation and to assist the sites with recording program evaluation data including student ids', student attendance, activities participated in, and intensity of interventions.

During the first year of the program, a "case study" was conducted by an external consultant and the district research team. The study used ethnographic observations, focus group interviews and participant evaluations to profile differently implementing models at 5 sites to capture and inform second year program planning, to disseminate cross- site information of promising practices as well as to identify problem issues.

Success stories were shared by administrators as well as by school and CBO staff. For example, the impact at one special education school was dramatic. For the first time, students with limited learning potential , were able to exercise, to socialize with peers, and leave their neighborhoods for recreation. At this site, the principal, project staff, and especially parents were enthusiastic, and reported substantial progress in students' confidence, self-direction , and learning of life skills. At this school, students' attendance, motivation, discipline and social skills all showed marked improvement. Across sites, and of 295 students surveyed, more than 95% gave the program high marks for helping them learn and have fun.

The first year case study of 5 schools also provided baseline data on at least one measure related to student outcomes. A comparison profile of average monthly attendance for 2 years at the 5 schools was constructed. These findings supported other qualitative evidence of improved student attendance at participating schools during the first year of the program. The table that shows comparison of school attendance before and after first year of program implementation is included in Appendix B.

The evaluation design for this program, now in its second year of implementation has been complex and multi-faceted. It has included ongoing regular evaluation planning meetings with the district research team, with the project director/manager, with each site's community based organization coordinator and each of the 9 sites' school liaisons. Work sessions were scheduled to 1) prioritize and streamline the data collection process to enable accurate and reasonable tracking of program implementation; 2) to align data collection with national annual reporting requirements; 3) provide various forms of technical assistance to help facilitate data collection for the program staff; 4) troubleshoot the practical obstacles which impede the evaluation process; 5) dialogue and communicate (at various levels including with funders) about the kinds of data and outcome measures on which the program would be evaluated; and 6) clarify timelines, reporting protocols, and the varied responsibilities of partners in the evaluation process.

In summary, the following issues highlight the contributions and benefits which collaborative partnerships and the mixed method paradigms can offer to the systemic reform process:

Collaboration promotes shared understanding of different concerns and expectations of program objectives, and helps to identify unmet needs, which are important to various stakeholders.

Principals' Leadership Institute (PLI) survey findings and collaboration identified and emphasized areas of congruity and incongruity between the various professional development models on the one hand, and the principals' expectations and perception of needs based on their daily experience of school management, on the other. The data and analysis also allowed for the elaboration of the efficacy of models grounded in very different theoretical premises. The intensive qualitative data gathered from the interviews with the universities provided important qualitative contextual information, which helped to clarify the concerns raised by the principals.

New Beginnings Kindergarten observation and focus group strategies conducted by Bank Street College evaluators elaborated upon instructional objectives and behavioral change. The district research team analysis of student achievement and attendance data facilitated cohort tracking and elaborated upon student and class outcomes. The collaborative design focused exploration and understanding from different perspectives and on different

outcome objectives. One finding identified by the qualitative researchers in third year study was a reduction in tension experienced by teachers as "serving 2 masters", both Bank Street and the Newark Public Schools ", seen earlier on as exemplifying competing objectives. Findings from the second and third year studies elaborate upon the stages of change and shifts over time toward a) increasing congruity for teachers; b) increasing responsiveness to the District's new literacy initiatives; and c) improving collaboration on early childhood methods and pedagogy as they relate to the new district reform process.

SBHC collaborative planning included healthcare stakeholders, and several central office departments including Community Affairs, Health Services, Student Information, Planning, Evaluation and Testing and the principals of 3 participating schools. Different partners provided varied sources and resources for data collection and data management, and helped participate in choice of research methods and design of study. Healthcare stakeholders provided additional resources for conducting larger scale needs assessment of family health care practices to identify gaps in the community 's resources to provide needed services and to inform future planning.

Collaboration helps clarify division of labor, contributes to the development of trust, and fosters the evolution of models that are practically feasible as well as methodologically sound.

The collaborative process serves to legitimize voices and overall commitment to the evaluation process. On the 21st Century Community Learning Centers program, collaboration with DOE on the annual report of data helped problem solve the complexity of tracking program implementation data, student outcomes, and issues of uniformity of reporting outcomes across sites within the District, and for the DOE, across sites nationally.

Project GRAD is an example of positive collaboration between external evaluators, program managers, and the District Testing Office, which assisted and facilitated the evolution of multi-cohort evaluation paradigms. The choice of cohort and trend analysis as options to longitudinal tracking of individual student outcomes provided interim solutions when limitations in student information system capability existed. As exemplified by a number of the evaluation models, including Project GRAD, SBHC, and New Beginnings, collaborative partnerships facilitated the division of labor and resources necessary to conduct labor intensive qualitative research as part of more comprehensive evaluation designs.

Collaborations strengthen the resources and infrastructures to conduct multi-method evaluation paradigms and to meet multiple reporting requirements of program outcomes for varied audiences.

On all projects illustrated here, partners collaborated to identify resources needed to track program implementation, and to collect and compile varied data

for summative assessment. Collaboration also enabled everyone to assess availability of partnership resources to realistically align evaluation design with the priorities of program objectives and funding requirements.

Multiple data management systems that become a part of the joint ventures are examples of the way programs can better manage and accomplish complex reporting and evaluation requirements. For example, the school-based clinics dedicated health information management system, which records student health and clinic usage information, also provided "data fields" for linkages with district student and school data. This enabled us to combine program usage with student outcome information.

Collaboration promotes the reasonable planning of project timelines

Varied expectations, which surround the requirements of measuring and reporting program outcomes are aired and discussed among the various stakeholders. Critical evaluation questions to address include - What is reasonable to expect in the short run? What is to be expected in the long run? what do various stakeholders want to know? What resources can various stakeholders provide to the evaluation effort?

Staging the evaluation is important to everyone. Stage 1 includes tracking the implementation of services; stage 2 includes analysis of data from varied sources related to outcomes expected in the short term ; stage 3 includes combining long range findings from various perspectives that address changes in attitudes and behavior over time. The shared responsibility of collaborative planning fosters buy-in and commitment based on apportioned responsibility and reasonable timelines. The collection and sharing of information based on project timelines facilitates its use for various purposes and audiences, provides interim feedback for project management purposes, and more comprehensively informs the interpretation of findings.

Collaboration fosters dissemination of study findings to broader constituencies.

Reporting supports sustainability of promising and "best practice models" of grant funded initiatives, provides access to additional funding sources, enables feedback and decision making on incorporation of models into District reform planning. For example, the first year annual report of the School Based Health Clinic Project included data to document the progress and beginning successes of the program partnership, noting the frequency and nature of clinic usage, services provided and student needs which were met. Compilation and dissemination of a brief first year report was a shared responsibility of collaboration partners,and provided important feedback to a variety of stakeholders with serious interest in seeing the model replicated at additional schools.

Multiple methods provide different lenses from varied sources that contribute to meaningful and informed outcomes. Multiple methods serve to better inform the contexts within which educational change occurs.

The qualitative and quantitative approaches in the PLI study served to better inform the complexities that exist between the practical realities and needs of practicing administrators as discussed earlier, and the theoretical assumptions which undergirded the universities' leadership development models.

New Beginnings findings from second and third year studies using a variety of qualitative methods helped to illustrate not only changes in practices but stages of change in teaching roles and instructional practices. Other findings identified systemic changes such as shifts to a shared agenda between New Beginnings project and the NPS new early childhood literacy initiatives. Quantitative strategies provided evidence to support pedagogical beliefs of the New Beginnings model, and of practice based research, that 3 years of sustained program interventions resulted in significantly higher student outcomes when compared with outcomes of students who received less intensive, interrupted, or no New Beginnings program interventions at all.

Multiple methods overall, help to strengthen evaluation design.

Varied sources and methods in all the studies discussed served to strengthen overall design and reliability of information and findings. In addition, the use of cohort and trend analysis provided alternative quantitative strategies that helped to resolve current limitations in capabilities of student information management systems to longitudinally track student outcomes on multiple indicators.

Results and Conclusions

The evaluations discussed in this paper illustrate how exploratory and confirmatory investigations using multiple techniques can strengthen design, analysis and inference, improve conceptual clarity, flexibility, comprehensiveness, scientific rigor and efficiency. They reflect the complexity of today's comprehensive school reform goals. As mixed methods help to provide varied perspectives, strengthen evaluation design, and reconcile methodological concerns about scientific rigor, multiple voices and collaborative partnerships help to disseminate findings that inform varied audiences, document different level program outcomes, make recommendations and identify needs to refocus strategic planning for the future.

In the past, evaluation models for education programs tended to be narrow, and to mirror schools as closed communities. Evaluation paradigms are changing and are looking very different. As this paper suggests, they reflect the changing nature of

educational reform, which are more comprehensive in scope and involve broader-based participation. The comprehensive nature of collaborations foster more inclusive buy-ins for ongoing strategic planning, improve access to multiple data sources that inform program goals, school and district planning, as well as student outcomes, and are best served by multi-method evaluation strategies which are more cost effective.

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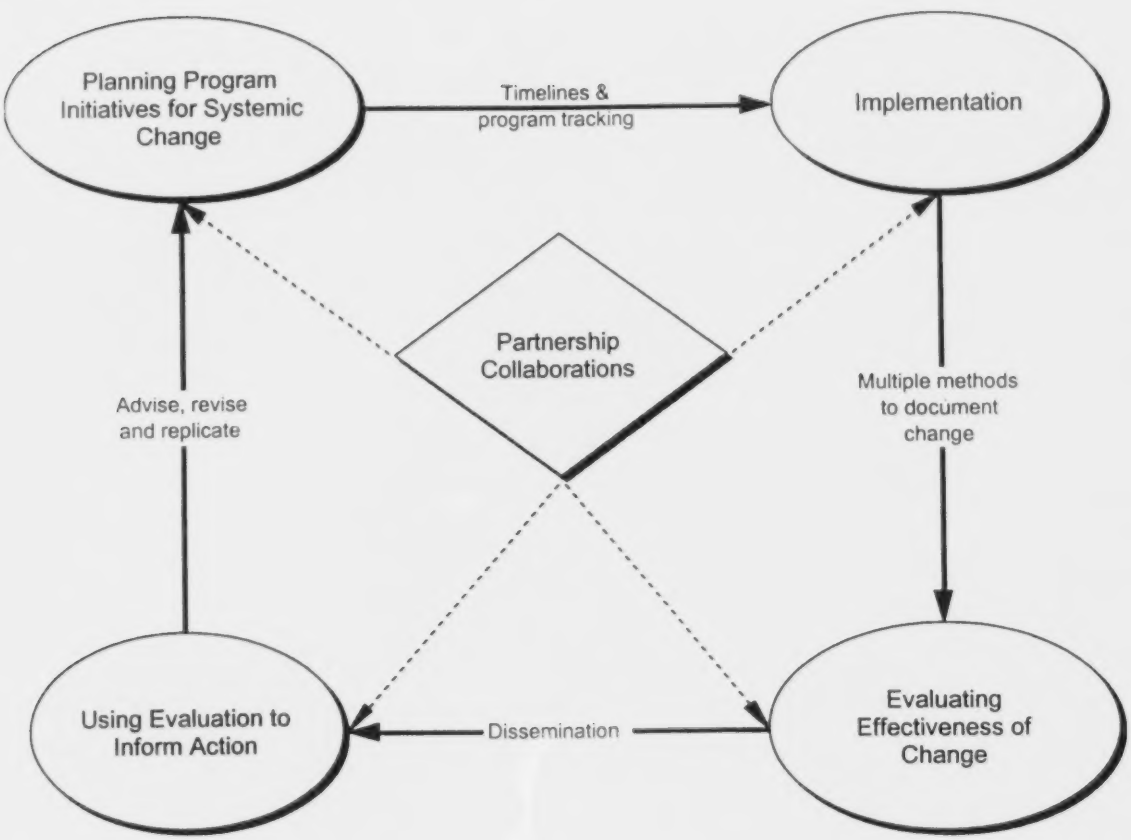
Appendix A

NEWARK COLLABORATION MODEL



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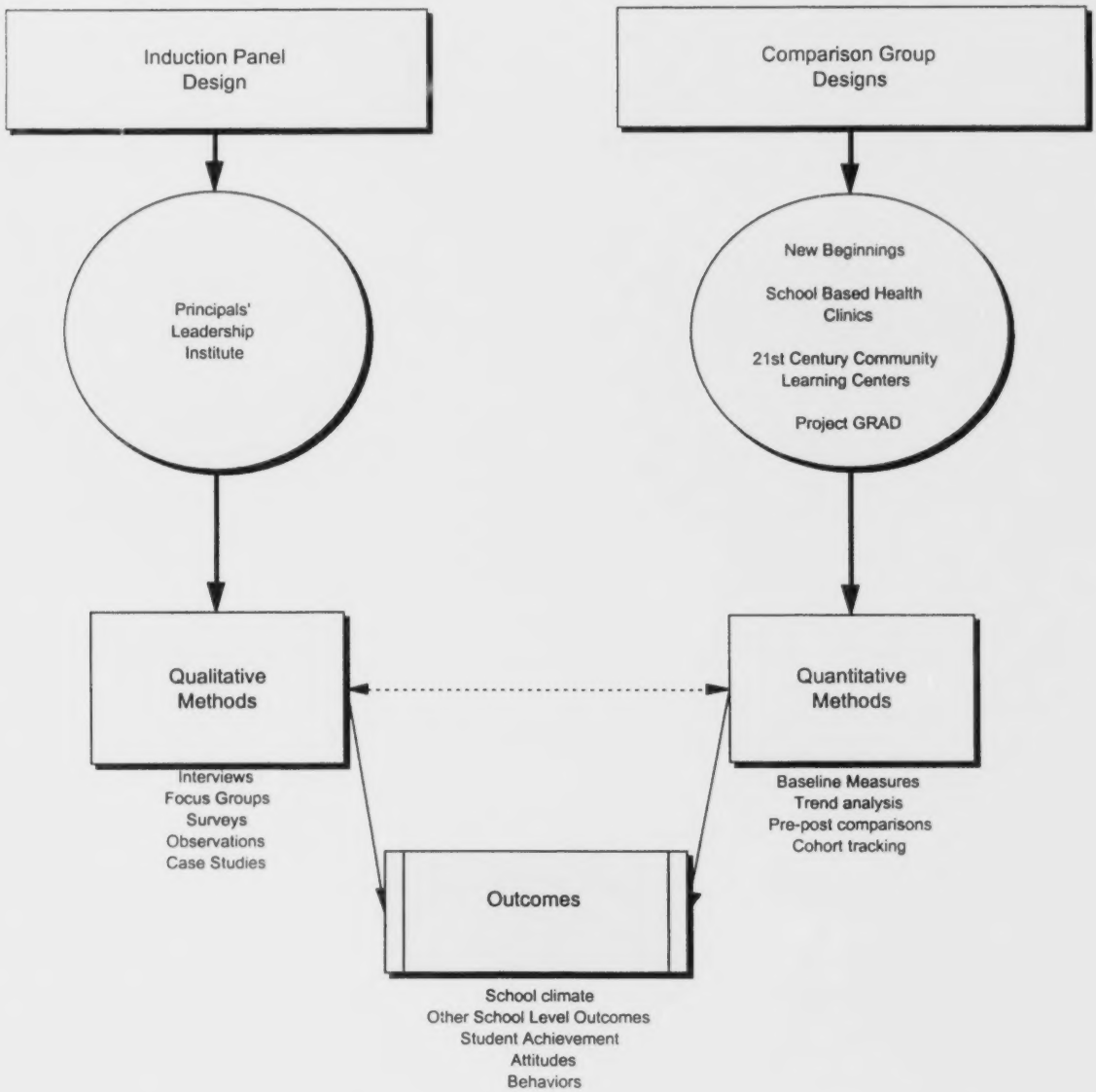
MULTIPLE METHOD PARADIGM



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APPENDIX B

TABLE 5
RIDIT VALUES FOR MID-YEAR AND END OF SECOND YEAR SURVEYS [1]

AREA	MID-YEAR	END OF YEAR
Need for greater relevance	.50	.48
Knowledge acquired is practical and useful	.58*	.68*
Knowledge acquired is easy to implement	.56	.39*
Collegiality exists between college members	.48	.55*
Universities have much to offer	.67*	.61*
Coordination needed	.35*	.34*
Follow-up support is adequate	.71*	.59*
Mentoring support is valuable	.69*	.58*
Effectiveness as a leader has improved	.64*	.55

Note: N for end of first year = 80, mid-year surveys = 108, end of second year survey = 72. * Z values statistically significant based on the formula (r - .50/se r).

Ridit analysis was used to compare the data obtained from the three sets of surveys administered to principals and vice-principals (Fleiss, 1981). Because the samples were not truly matched (due to attrition and replacement), an analysis which allowed us to use the first set of data as a reference point for understanding changes in the subsequent sets was considered to be the most appropriate. From the first set of data we estimated for each scaled question, the proportion of all individuals with an attitude score falling at or below the midpoint of each scale value (scale values were 1-5 with 1 representing strongly disagree, and 5 strongly agree). Ridit values were then calculated for each scale value for a given question. Based on the distribution of the responses from the subsequent interviews, a mean ridit value was calculated for each question. If the mean ridit for a question on the subsequent interviews was greater than .50, we inferred that a randomly selected administrator from the subsequent surveys held a more unfavorable attitude, and conversely. This analysis also allowed us to chart the consistency in attitudes and feelings over the two academic years. This was accomplished by comparing the ridit values from the second and third surveys to the reference point. Z values based on the standard error of the ridits were calculated and tested for statistical significance.

[1] Reprinted from (Walker, Mitchel and Turner, 1999)

New Beginnings Kindergarten Evaluation: T Test and Post Hoc Analyses

Table 2
Kindergarten Cohort: Differences in Total Reading and Total Math Scores

	TOTAL READING			TOTAL MATH		
	Mean NCE	Mean Difference	Standard Deviation	Mean NCE	Mean Difference	Standard Deviation
New Beginnings Kindergarten Cohort	**47.5** *(N=174)*	3.5*	18.8	**51.0** *(N=171)*	4.2*	22.9
Control**	**44.0** *(N=460)*		21.7	**46.8** *(N=444)*		24.2

* The mean differences are significant at .05 level.
Levene's Test of variances was conducted to control for the sample size differences

Table 3
Kindergarten Cohort: Differences in Total Reading and Total Math Scores Disaggregated by Grade Levels of Support

	READING		MATHEMATICS	
	Mean NCE	Mean Difference	Mean NCE	Mean Difference
K, G1 & G2	**55.8** SD=17.8		**59.2** SD=22.8	
Vs	*(N=73)*	12.6*	*(N=71)*	11.3*
K & G2	**43.2** SD=12.2 *(N=26)*		**47.9** SD=15.6 *(N=26)*	
K, G1 & G2	**55.8** SD=17.8		**59.2** SD=22.8	
Vs	*(N=73)*	18.8*	*(N=71)*	16.4*
K & G1	**37.0** SD=17.3 *(N=40)*		**42.8** SD=26.5 *(N=38)*	
K, G1 & G2	**55.8** SD=17.8		**59.2** SD=22.8	
Vs	*(N=73)*	10.3*	*(N=71)*	13.5*
K only	**45.5** SD=19.5 *(N=35)*		**45.7** SD=18.3 *(N=36)*	
K, G1 & G2	**55.8** SD=17.8		**59.2** SD=22.8	
Vs	*(N=73)*	11.8*	*(N=71)*	12.4*
Control	**44.0** SD=21.8 *(N=460)*		**46.8** SD=24.2 *(N=444)*	

ANOVA with Post Hoc (Fischer's LSD)
* Significant at .05 level in reading and math.

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New Beginnings Kindergarten Evaluation

Table 4
Grade Level Differences for K Cohorts on Reading and Math Sub-test Scores

COHORT	READING						MATHEMATICS			
	Word Study Skills		Reading Vocabulary		Reading Comprehension		Problem Solving		Math Procedures	
	Mean NCE	Mean Difference	Mean NCE	Mean Difference	Mean NCE	Mean Difference	Mean NCE	Mean Difference	Mean NCE	Mean Difference
K, G1 & G2 *(N=73)*	60.6 SD=23.2	12.7*	58.7 SD=23.0	17.5*	52.9 SD=19.4	10.7*	61.3 SD=23.0	13.7*	55.8 SD=22.8	5.8
Vs K & G2 *(N=26)*	47.8 SD=15.7		41.2 SD=17.3		42.0 SD=13.4		47.6 SD=15.1		50.0 SD=19.0	
K, G1 & G2 *(N=73)*	60.6 SD=23.2	19.7*	58.7 SD=23.0	23.4*	52.9 SD=19.4	15.4*	61.3 SD=23.0	19.1*	55.8 SD=22.8	10.4*
Vs K & G1 *(N=40)*	40.9 SD=19.1		35.3 SD=23.5		37.5 SD=16.4		42.2 SD=24.0		45.5 SD=27.6	
K, G1 & G2 *(N=73)*	60.6 SD=23.2	12.8*	58.7 SD=23.0	15.8*	52.9 SD=19.4	6.5	61.3 SD=23.0	12.3*	55.8 SD=22.8	12.5*
Vs K Only *(N=35)*	47.8 SD=20.9		42.9 SD=23.9		46.4 SD=19.4		49.0 SD=19.2		43.4 SD=21.2	
K, G1 & G2 *(N=73)*	60.6 SD=23.2	13.3*	58.7 SD=23.0	15.3*	52.9 SD=19.4	8.9*	61.3 SD=23.0	13.7*	55.8 SD=22.8	8.8*
Vs Control *(N=460)*	47.3 SD=23.7		43.3 SD=25.3		44.0 SD=21.2		47.5 SD=23.9		47.0 SD=25.1	

* The mean difference is significant at the .05 level

COMPREHENSIVE SCHOOL–BASED HEALTH CLINICS: THE NEWARK MODEL[1]

Given the health status of the children in the Newark public schools, a school-based health clinic model was designed to specifically respond to their needs. In January 1998, the first full-service school-based health clinic was opened at the George Washington Carver/Bruce Street Elementary School in Newark, New Jersey. The Carver Clinic represents an innovative and effective three-way partnership among the Newark Public Schools, the Saint Barnabas Health Care System and The Healthcare Foundation of New Jersey. A multi-disciplinary team of healthcare providers works cooperatively with the school nurses to enhance existing school health services. The school nurse serves as the gatekeeper, referring students to the appropriate caregiver. Comprised of 1,000 square feet, the clinic was designed to be accessible and very "child friendly" with lots of children's art covering the walls.

The health clinic is staffed by healthcare professionals from The Children's Hospital of New Jersey at the Newark Beth Israel Medical Center, under the supervision of a pediatrician. A full-time pediatric advanced nurse practitioner providers primary care including diagnoses, screenings, treatment and health education. A full-time Master's level social worker conducts one-on-one and group counseling services. He/she works closely with the school's child study team and pupil assistance committee. A dentist provides students with annual dental exams, x-rays, topical fluoride treatments and sealants (as necessary). While not the first school-based clinic system in America, the Newark Model is unique in that medical, dental and emotional care are combined in one school location. The success of the Carver Clinic over the past 18 months has led to a replication of this model in two additional Newark public schools: the Quitman Street Elementary School and the Dayton Street Elementary School. The Prudential Foundation, which has supported the community school initiative at the Quitman Street Elementary School, has joined as a partner with The Healthcare Foundation of New Jersey to fund the Quitman Street school-based health clinic.

ACCOMPLISHMENTS TO DATE

From September 1998 to May 1999, there were 2,740 visits at the three school-based clinics. The G.W. Carver Clinic is fully operational, providing primary health, dental care and mental health services. The Dayton Street and Quitman Street Clinics are currently providing mental health and dental services and will be fully operational in June 1999. Health clinic services are available to all children whose parents/guardians have signed consent forms. The national average for parent consent permitting use of school-based health care facilities is 67%. Newark's high average of 80% speaks to the confidence that parents have with regard to these clinics.

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1 Abstracted from Report on Newark's School-Based Health Clinics June 10, 1999. A collaboration of The Healthcare Foundation of New Jersey, Children's Hospital of N.J., Newark Beth Israel Medical Center, Saint Barnabas, Healthcare System, Newark Public Schools, The Prudential Foundation.

CLINIC VISITS:

The following table shows the number of parent consents at each school and the number of visits for available health care services:

			CLINIC VISITS			
SCHOOLS	# CHILDREN	% CONSENTS	# DENTAL	# SOCIAL	# MEDICAL	TOTAL # OF VISITS
G.W. Carver	1200	72% - 864	641	568	488	1697
Dayton St.	411	97% - 399	324	514	-	838
Quitman St.	643	81% - 520	-	205	-	205
TOTALS	2254	80% - 1783	965	1287	488	2740

REFERRALS FOR ADDITIONAL HEALTH SERVICES:

If the healthcare provider identifies the need for more advanced therapeutic services, the children are given referrals to off-site medical care. Clinic staff provides follow-up with students' parent and physicians to ensure that needed medical services were rendered. As shown below, significant referrals were given to children in all service categories.

	VISITS AND REFERRALS						
SCHOOLS	# DENTAL	# REFERRAL	# SOCIAL	# REFERRAL	# MEDICAL	# REFERRAL	TOTAL # OF REFERRALS
G.W. Carver	641	40	568	88	488	81	209
Dayton St.	324	84	514	19	-	-	103
Quitman St.	-	-	205	38	-	-	38
TOTALS	965	124	1287	145	488	81	350

EDUCATIONAL PRESENTATIONS:

All children in the school receive classroom-based dental education, disease prevention instruction and health kits. The following table details the number of classroom-based and community educational presentations made by clinic staff from the three clinics.

	EDUCATIONAL PRESENTATIONS					
SCHOOLS	# DENTAL	# PARTICIPANTS	MEDICAL	# PARTICIPANTS	SOCIAL	# PARTICIPANTS
G.W. Carver	55	1155	13	514	6	122
Dayton St.	20	420	0	0	19	603
Quitman St.	9	397	1	30	8	146
TOTALS	84	1972	14	544	33	871

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FEEDBACK FROM STUDENTS, TEACHERS AND PRINCIPALS

A kindergarten teacher at G.W. Carver Elementary School, wrote to the Clinic Coordinator, "My kindergarten class and I have benefited so much from the health clinic. The children have had excellent instruction in personal hygiene. The social worker is very skilled and she has helped my children tremendously. Thank you for the innovative ways that you have designed this program. It is really terrific to see that children can be helped by caring people who assist with their needs so quickly and so caringly".

Studies of urban school-based health clinics published in peer reviewed journals indicate that students enrolled at schools with clinics were more likely to visit any healthcare provider compared to adolescents in the general population.[1] In another study, students who accessed clinical social workers at school-based clinics reported significant declines in depression and improvements in self-concept from pre-and post-intervention. Fewer students attending school-based health clinics reported considering suicide compared to what would have been expected if they followed the trend of urban youths nationally. [2]

Though it's too early to assess the long-term benefits of these new health facilities, a series of focus groups were held with students and surveys administered to teachers to understand the perceptions connected with the use and validity of their respective school-based health clinic.

Focus groups were performed with 75 students (grades 3 – 8) from the three Newark schools to learn how the services were viewed. Over 80% of the students who participated in these focus groups reported that they like using clinic services at their schools. All of the students were familiar with the services and were comfortable with the staff and with the facility. Students indicated that they experienced the following:

- 21% reported having asthma
- 80% reported having headaches
- 85% reported having stomachaches
- 27% reported feeling tired
- 79% reported feeling worried
- 53% reported feeling sad
- 32% reported low self-esteem
- 59% reported failing classes
- 45% reported missing a lotof days from school
- 43% reported not feeling safe at school
- 72% reported feeling angry
- 63% reported feeling frightened

[1] Anglin, TM; Naylor, KE; and Kaplan, DW. Compared utilization of medical, mental health and substance abuse services among students who use school-based health centers with students who used traditional sources of care. The researchers analyzed diagnoses from 27,886 visits to three school-based health centers; 1996.

[2] Kisker, EE and Brown, RS. Compared students at 19 Robert Wood Johnston Foundation-sponsored school-based health centers with a national representative sample of urban youth; 1996.

TEACHERS FEEDBACK

The following chart highlights the surveys completed by a sampling of 59 teachers form the three Newark clinics:

SURVEY QUESTION	G.W. CARVER (N=14)	DAYTON STREET (N=22)	QUITMAN STREET (N=23)
How has the school-based health clinic impacted students this year?	♦ education and care of the whole child – physical and emotional needs ♦ social worker participated on parent resource committee ♦ reduced absences ♦ dental services, eye exams ♦ great to have services our students need right here at school ♦ monitor health problems	♦ dental checkup have been very helpful; children had opportunity to experience having their teeth cleaned ♦ counseling services for students with emotional and behavioral problems ♦ eye and ear exams	♦ counseling services; intervention during angry disputes ♦ social worker represents positive role model for my students ♦ immunization checks
What services have been most helpful?	♦ diagnosis of specific illnesses ♦ the social worker has been most helpful and always follows through with all problem brought to her attention ♦ dental health services ♦ eye exams and hearing exams that students otherwise don't receive ♦ checking ears with typanogram; removal of ear wax	♦ social worker's individual and group work has been very helpful ♦ conflict resolution/anger management; peer groups	♦ social worker and nurse have provided professional support for students in emotional crisis ♦ the nurse's educational program on tuberculosis

The teachers are familiar with and strongly support clinic services based upon their answers to a number of open-ended questions about the services provided. Some comments include:

"Students now have a place to get needed care and still remain in school".

"The school-based health clinic has positively affected the education and care of the whole child, both the physical and emotional needs. We are seeing fewer absences. The dental and eye exams have shown positive results".

"The social worker has been quite helpful with many of my students who are having emotional and behavioral problems. She always follows through in a timely and thorough manner with all situations brought to her attention".

"It is great to have the services our students need right here at school. This way we can be sure they are properly taken care of".

"Please continue with the health clinic. Its services are invaluable to the total well being of our children".

"Clinic staff represent positive role models for my students".

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PRINCIPAL FEEDBACK

All three principals in the schools with health clinics have noted significant benefits to their students, school and community.

The principal at Quitman Street said, "While we are not yet a full service health clinic, during this past school year we were pleased to phase in some components such as child/family counseling and a yearly scheduled vision and dental screening. These services have encouraged us to work side by side with the parents, teachers and community to ensure that children are given every chance to succeed. By locating the clinic in our school, health problems can be caught and addressed before they become more serious".

The principal at Dayton Street School expressed that the clinic is a valuable part of her school. "The creation f the health clinic at Dayton now provides our children with a consistent and thorough health care program that was not available to the students in the past due to limited financial and medical/dental resources. The establishment of our strong and meaningful partnership will impact positively on our children. For the children of this school, having healthy body, will contribute to having a healthy educated mind".

The principal of the G.W. Carver School stressed that the whole child gains when a school and health clinic work together and her hope that this concept/model is practiced in as many schools as possible. Furthermore she noted that having a clinic at the school has enabled "health needs to be responded to in a timely manner, decreasing the time students may have to miss school because of health concerns". She goes on to say that with the availability of medical and mental health services early in the morning and after-school, "the hours of operation demonstrate the belief that the child's needs come first. The program responds to the whole child thus ensuring greater academic success for our children.

CONCLUSION

The three existing school-based health clinics provide high quality, immediate primary and preventive health services to every child with parental consent regardless of his/her insurance status or ability to pay. On-site school-based health clinics are working in Newark. A population of children beset with enormous environmental and health disadvantages are now having their medical, dental and emotional problems identified and treated earlier. Children are smiling proudly, showing off their recently cleaned and examined teeth. Youngsters with emotion needs are talking to sensitive caregivers about their difficulties. Over 2,000 children have visited the three clinics for a wide range of health services. Students, parents, teachers and administrators concur – these clinics are essential for the positive growth and development of Newark's children.

> "Foundation, healthcare and public school resources are now allied to help these young people become healthy learners. The Healthcare Foundation of New Jersey is thrilled to be working with all of these organizations to provide a healthier Newark now and into the millennium".
>
> Mark S. Hochberg, M.D. President
> The Healthcare Foundation of New Jersey

21st C ENTURY COMMUNITY LEARINING CENTERS AFTER SCHOOL PROGRAM AT NEWARK PUBLIC SCHOOLS

COMPARISON OF SCHOOL ATTENDANCE AT FIVE SITES BEFORE AND AFTER PROGRAM IMPLEMENTATION

SCHOOL/SITE	AVERAGE % ATTENDANCE BEFORE PROGRAM IMPLEMENTATION 1997/98					AVERAGE % ATTENDANCE AFTER PROGRAM IMPLEMENTATION 1998/99					DIFFERENCE (%)				
	JAN	FEB	MAR	APR	MAY	JAN	FEB	MAR	APR	MAY	JAN	FEB	MAR	APR	MAY
CAMDEN MIDDE	90.4	90.9	90.8	91.3	90.6	90.4	93.9	93.2	91.3	91.7	Same	+3.0	+2.4	Same	+1.1
DAYTON STREET	89.4	91.0	89.6	87.8	88.9	85.0	89.9	90.6	90.1	89.0	-4.4	-1.1	+1.0	+2.3	+0.1
JOHN F. KENNEDY	87.2	88.3	88.4	83.2	90.8	84.3	90.8	90.6	89.8	92.9	-2.9	+2.5	+2.2	+6.6	+2.1
LUIS MUNOZ MARIN	91.2	93.9	93.6	93.2	92.2	90.0	93.8	94.5	93.2	93.7	-1.2	-0.1	+0.9	Same	+1.5
NEWTON STREET	93.1	92.5	93.1	93.3	92.1	85.3	94.1	94.1	93.1	93.2	-7.8	+1.6	+1.0	-0.2	+1.1